

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF OHIO  
EASTERN DIVISION**

In the matter of:	:	Chapter	13
	:		
<b>Quincella Maeder</b>	:	Case No.	11-51618
	:		
Debtor	:	Judge:	C. Kathryn Preston

**MOTION TO MODIFY A CONFIRMED CHAPTER 13 PLAN**

Now comes the debtor herein, Quincella Maeder, by and through counsel, and hereby moves this Court for an Order modifying her Chapter 13 plan by increasing her plan payments from \$1,300.00 to \$1,700.00 per month, effective September 1, 2015. The dividend to unsecured creditors shall remain at one (1) percent. No unsecured creditor will be adversely affected.

The plan will complete in approximately 9 months which is 60 months from confirmation.

The reasons for the modification are more specifically outlined in the memorandum that follows. Copies of debtor's Amended Schedules I and J are attached and hereby incorporated by reference.

The original plan was confirmed on May 18, 2011 and provided for a dividend of 1% to unsecured creditors. No other post-confirmation modifications have occurred.

**Respectfully submitted,**

/s/ Robert D. Bergman

**Robert D. Bergman** OH Supr Crt No. 0001475

Attorney for Debtor(s)

3099 Sullivant Avenue

Columbus, Ohio 43204

Phone: (614) 279-8276

Fax: (614) 308-0613

[bankruptcy@byattorneys.com](mailto:bankruptcy@byattorneys.com)

**MEMORANDUM IN SUPPORT**

Debtor's current plan is projected to run 64 months from confirmation. This modification would adjust Debtor's income and expenses to allow the plan to complete within 60 months.

The plan will still complete within approximately (60) months.

/s/ Robert D. Bergman

**Robert D. Bergman** OH Supr Crt No. 0001475  
Attorney for Debtor(s)

**NOTICE OF RIGHT TO RESPOND**  
**WITHIN TWENTY-ONE (21) DAYS**

Movant has filed papers with the Court to grant the approval of the attached Motion to Modify a Confirmed Chapter 13 Plan.

**Your rights may be affected.** You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult with one.

If you do not want the Court to grant the relief sought in the attached Motion, or if you want the Court to consider your views on the Motion, then or before **twenty-one (21) days from the date set forth in the attached certificate of service for the Motion to Modify a Confirmed Chapter 13 Plan**, you must file with the court a response explaining your position by mailing your response by regular U.S. Mail to: Clerk of Courts, United States Bankruptcy Court, 170 N. High Street, Columbus, OH 43215, OR your attorney must file a response using the court's ECF System.

The court must **receive** your response on or before the date above.

You must also send a copy of your response either by 1) the court's ECF system, or by 2) regular U.S. Mail to:

U.S. Trustee  
United States Bankruptcy Court  
170 N High Street, Suite 200  
Columbus, OH 43215

Frank M. Pees  
Chapter 13 Trustee  
130 E. Wilson Bridge Rd., Ste 200  
Worthington, OH 43085

Robert D. Bergman  
3099 Sullivant Avenue  
Columbus, OH 43204

If you or your attorney do not take these steps, the Court may decide that you do not oppose the relief sought in the Motion to Modify a Confirmed Chapter 13 Plan and may enter an Order granting that relief.

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing Motion to Modify a Confirmed Chapter 13 Plan and Notice of Right to Respond was served on the parties listed below by ordinary U.S. Mail or served electronically through the Court's ECF system at the e-mail address registered with the Court today, 28th day of August, 2015.

**Respectfully submitted,**

/s/ Robert D. Bergman

**Robert D. Bergman** OH Supr Crt No. 0001475

Attorney for Debtor(s)

3099 Sullivant Avenue

Columbus, Ohio 43204

Phone: (614) 279-8276

Fax: (614) 308-0613

[bankruptcy@byattorneys.com](mailto:bankruptcy@byattorneys.com)

**Parties Served Electronically:**

**Elizabeth Alphin** loubknotices@mapother-atty.com

**Asst US Trustee (Col)** ustpreregion09.cb.ecf@usdoj.gov

**Mary L Bendycki** maryb@byattorneys.com,

marybendycki@yahoo.com;brook@byattorneys.com;bankruptcy@byattorneys.com

**Robert D Bergman** bankruptcy@byattorneys.com, byattorneys@gmail.com

**Kerri Nunley Bruckner** sohbk@lsrlaw.com

**LeAnn E Covey** bknotice@johndclunk.com

**Brian M Gianangeli** bgianangeli@mifsudlaw.com

**Frank M Pees** trustee@ch13.org

**Parties Served Via U.S. Mail:**

**Educational Credit Management Corporation**

PO Box 75906

St Paul, MN 55175

**National Capital Management, LLC**

8245 Tournament Drive

Suite 230

Memphis, TN 38125

**PRA Receivables Management, LLC**

PO Box 41067

Norfolk, VA 23541

All parties listed on attached creditor matrix

Fill in this information to identify your case:

Debtor 1 Quincella Maeder

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:11-bk-51618  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 6I

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
	Occupation	Staff Specialist II	Retired
Include part-time, seasonal, or self-employed work.	Employer's name	State of Ohio	
	Employer's address	30 E. Broad Street Columbus, OH 43215	
Occupation may include student or homemaker, if it applies.	How long employed there?	22 years	

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 4,298.00	\$ 0.00
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	\$ 4,298.00	\$ 0.00

Debtor 1 **Quincella Maeder**

Case number (if known) **2:11-bk-51618**

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	\$ <b>4,298.00</b>	\$ <b>0.00</b>	4.
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	\$ <b>546.00</b>	\$ <b>0.00</b>	5a.
5b. Mandatory contributions for retirement plans	\$ <b>0.00</b>	\$ <b>0.00</b>	5b.
5c. Voluntary contributions for retirement plans	\$ <b>0.00</b>	\$ <b>0.00</b>	5c.
5d. Required repayments of retirement fund loans	\$ <b>0.00</b>	\$ <b>0.00</b>	5d.
5e. Insurance	\$ <b>284.00</b>	\$ <b>0.00</b>	5e.
5f. Domestic support obligations	\$ <b>0.00</b>	\$ <b>0.00</b>	5f.
5g. Union dues	\$ <b>0.00</b>	\$ <b>0.00</b>	5g.
5h. Other deductions. Specify: <b>Retirement (OPERS)</b>	\$ <b>198.00</b>	\$ <b>0.00</b>	5h.+
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	\$ <b>1,028.00</b>	\$ <b>0.00</b>	6.
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	\$ <b>3,270.00</b>	\$ <b>0.00</b>	7.
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ <b>0.00</b>	\$ <b>0.00</b>	8a.
8b. Interest and dividends	\$ <b>0.00</b>	\$ <b>0.00</b>	8b.
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ <b>0.00</b>	\$ <b>0.00</b>	8c.
8d. Unemployment compensation	\$ <b>0.00</b>	\$ <b>0.00</b>	8d.
8e. Social Security	\$ <b>0.00</b>	\$ <b>475.00</b>	8e.
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	\$ <b>0.00</b>	\$ <b>0.00</b>	8f.
8g. Pension or retirement income	\$ <b>0.00</b>	\$ <b>0.00</b>	8g.
8h. Other monthly income. Specify:	\$ <b>0.00</b>	\$ <b>0.00</b>	8h.+
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	\$ <b>0.00</b>	\$ <b>475.00</b>	9.
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ <b>3,270.00</b>	\$ <b>475.00</b>	10.
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:		\$ <b>0.00</b>	11.
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and <i>Related Data</i> , if it applies		\$ <b>3,745.00</b>	12.
			<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <b>Debtor will be discontinuing her Deferred Compensation which is not yet reflected in her pay advices.</b>			

Fill in this information to identify your case:

Debtor 1 Quincella Maeder

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:11-bk-51618  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
\_\_\_\_\_  
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?


☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 112.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00



Debtor 1 **Quincella Maeder**

Case number (if known) **2:11-bk-51618**

<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<u>200.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>50.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>0.00</u>
6d. Other. Specify: <u>Cable &amp; Internet/ phone</u>	6d. \$	<u>172.00</u>
<u>cell phone</u>	\$	<u>175.00</u>
<b>7. Food and housekeeping supplies</b>	7. \$	<u>408.00</u>
<b>8. Childcare and children's education costs</b>	8. \$	<u>0.00</u>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<u>60.00</u>
<b>10. Personal care products and services</b>	10. \$	<u>0.00</u>
<b>11. Medical and dental expenses</b>	11. \$	<u>100.00</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<u>335.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<u>20.00</u>
<b>14. Charitable contributions and religious donations</b>	14. \$	<u>0.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<u>0.00</u>
15b. Health insurance	15b. \$	<u>0.00</u>
15c. Vehicle insurance	15c. \$	<u>171.00</u>
15d. Other insurance. Specify: _____	15d. \$	<u>0.00</u>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Real Estate Taxes</u>		
	16. \$	<u>150.00</u>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$	<u>0.00</u>
17c. Other. Specify: _____	17c. \$	<u>0.00</u>
17d. Other. Specify: _____	17d. \$	<u>0.00</u>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>		
	18. \$	<u>0.00</u>
<b>19. Other payments you make to support others who do not live with you.</b>		
Specify: _____	19. \$	<u>0.00</u>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<u>0.00</u>
20b. Real estate taxes	20b. \$	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$	<u>0.00</u>
<b>21. Other:</b> Specify: <u>parking fees</u>	21. +\$	<u>92.00</u>
<b>22. Your monthly expenses.</b> Add lines 4 through 21. The result is your monthly expenses.		
	22. \$	<u>2,045.00</u>
<b>23. Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<u>3,745.00</u>
23b. Copy your monthly expenses from line 22 above.	23b. -\$	<u>2,045.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	<u>1,700.00</u>

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**  
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain:

**United States Bankruptcy Court  
Southern District of Ohio**In re **Quincella Maeder**

Debtor(s)

Case No. **2:11-bk-51618**Chapter **13****DECLARATION CONCERNING DEBTOR'S SCHEDULES - AMENDED**

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **4** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **August 28, 2015**Signature **/s/ Quincella Maeder****Quincella Maeder**

Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

Label Matrix for local noticing  
0648-2

Case 2:11-bk-51618

Southern District of Ohio

Columbus

Wed Aug 26 12:20:51 EDT 2015

National Capital Management, LLC

8245 Tournament Drive

Suite 230

Memphis, TN 38125-1741

Caliber Home Loans, Inc.  
13801 Wireless Way

Oklahoma City, OK 73134-2500

Educational Credit Management Corporation  
PO Box 75906

St Paul, MN 55175

PRA Receivables Management, LLC

PO Box 41067

Norfolk, VA 23541-1067

Am Cred& Col

921 Oak St

Scranton, PA 18508-1235

Asst US Trustee (Col)

Office of the US Trustee

170 North High Street

Suite 200

Columbus, OH 43215-2417

Beneficial Ohio, Inc.

c/o HSBC Consumer Lending Mort. Services

636 Grand Regency Blvd.

Brandon, FL 33510-3942

Beneficial/hfc

Po Box 3425

Buffalo, NY 14240-3425

(p)CAPITAL ONE

PO BOX 30285

SALT LAKE CITY UT 84130-0285

Capital One Bank USA NA

American InfoSource LP

PO Box 71083

Charlotte NC 282721083

CardWorks

c/o Resurgent Capital Services

PO Box 10368

Greenville, SC 29603-0368

CashNetUSA.com

200 W. Jackson Blvd., 14th Floor

Chicago, IL 60606-6929

Cashwise

4775 E. Broad

Columbus, OH 43213-3828

Central Ohio Pathology Assoc.

PO Box 951427

Cleveland, OH 44193-0016

Chase Bank

3415 Vision Drive, OH4-7164

Columbus, OH 43219-6009

Chexsystems

7805 Hudson Road

Woodbury, MN 55125-1703

Citifinancial

300 Saint Paul Pl

Baltimore, MD 21202-2120

Citifinancial

358 S. Hamilton Rd.

Columbus, OH 43230-3311

City of Columbus Income Tax Division

50 W. Gay St.

4th Floor

Columbus, OH 43215-9037

Credit Management

4200 International Parkway

Carrollton, TX 75007-1912

EOS CCA

700 Longwater Drive

Norwell, MA 02061-1624

Educational Credit Management Corporation

P.O. Box 16408

St. Paul, MN 55116-0408

(p)CHOICE RECOVERY INC

1550 OLD HENDERSON ROAD

STE 100

COLUMBUS OH 43220-3662

Firstsource Financial Solutions, LLC

1232 W State Rd 2

Riverside

La Porte, IN 46350-5469

Franklin County Treasure

Edward Leonard

373 South High St., 17th floor

Columbus, OH 43215-6306

Franklin County Treasurer

Edward Leonard

373 S High St 17th Fl

Columbus OH 43215-6306

HSBC Consumer Lending Mortgage Services

PO Box 21188

Eagan MN 55121-0188

HSBC Consumer MTG

332 South Michigasn Ave., Ste 600

Chicago, IL 60604-4318

Home Shopping Network

PO Box 530993

Atlanta, GA 30353-0993

I C System Inc  
Po Box 64378  
Saint Paul, MN 55164-0378

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

John D. Clunk Co, L.P.A.  
4500 Courthouse Blvd.  
Suite 400  
Stow, OH 44224-6839

LSF9 Master Participation Trust  
Caliber Home Loans, Inc.  
13801 Wireless Way  
Oklahoma City, OK 73134-2500

Law Office of Mitchell N. Kay, P.C.  
Huntington Bank  
7 Penn Plaza, Suite 1500  
New York, NY 10001-3922

Mt Carmel Health  
Corporate Service Center  
Customer Service Center  
Customer Service 2nd Floor  
6150 E Broad St  
Columbus OH 43213-1574

Ohio Dental Group  
5180 E. Main St.  
Columbus, OH 43213-2436

Ohio Department of Taxation  
Bankruptcy Division  
P.O. Box 530  
Columbus, OH 43216-0530

Ohio Department of Taxation  
Compliance Division  
PO Box 1090  
Columbus, OH 43216-1090

Ohio Dept of Taxation Compliances Div  
P.O Box 182402  
Columbus, OH 43218-2402

Ohio State Department of Taxation  
30 E. Broad Street  
Columbus, OH 43215-3414

Ohio State Dept. of Taxation  
150 E. Gay St.  
21st Floor  
Columbus, OH 43215-3191

(p) PORTFOLIO RECOVERY ASSOCIATES LLC  
PO BOX 41067  
NORFOLK VA 23541-1067

RAB Inc  
P O Box 34111  
Memphis, TN 38184-0111

Revenue Recovery/Collection Enforcement  
For Ohio Attorney General Richad Cordray  
150 East Gay St., 21st floor  
Columbus, OH 43215-3191

Rhett A. Plank  
2500 Corporate Exchange Dr., Suite 150A  
Columbus, OH 43231-7665

Robert Maeder  
3403 Compton Dr  
Columbus, OH 43219-3322

Sallie Mae  
Po Box 9500  
Wilkes-barre, PA 18773-9500

Sallie Mae Inc. on behalf of GLHEC  
2401 International Lane  
Madison, WI 53704-3121

Sallie Mae Inc. on behalf of USA FUNDS  
Attn: Bankruptcy Litigation Unit E3149  
P.O. Box 9430  
Wilkes-Barre, PA 18773-9430

Santander (HSBC)  
8585 N Stemmons Fwy Ste  
Dallas, TX 75247-3836

Santander Consumer USA  
PO Box 660633  
Dallas, TX 75266-0633

Santander Consumer USA Inc  
8585 N Stemmons Fwy  
Suite 1100-N  
Dallas TX 75247-3822

Slmecf/glhec  
2401 International Ln  
Madison, WI 53704-3121

Star Bank/GLHEC  
P. O. Box 7860  
Madison, WI 53707-7860

The Ohio Bell Telephone Company  
% AT&T Services Inc.  
Attorney: James Grudus, Esq.  
One AT&T Way, Room 3A218  
Bedminster, NJ 07921-2693

USCB Corporation  
P.O. Box 75  
Archbald, PA 18403-0075

Unique National Collec  
119 E Maple St  
Jeffersonville, IN 47130-3439

United Collect Bur Inc  
5620 Southwyck Blvd Ste  
Toledo, OH 43614-1501

United Credit Recovery, LLC  
PO Box 953245  
Lake Mary, FL 32795-3245

eCAST Settlement Corporation assignee of CitiFinancial Inc POB 29262 New York NY 10087-9262	Frank M Pees 130 East Wilson Bridge Road Suite 200 Worthington, OH 43085-2391	Quincella Maeder 3403 Compton Dr. Columbus, OH 43219-3322
--	--	---

Robert D Bergman  
3099 Sullivant Ave  
Columbus, OH 43204-1897

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified  
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

Cap One Po Box 85520 Richmond, VA 23285	Ffcc-columbus Inc 1550 Old Henderson Rd St Columbus, OH 43220	Portfolio Recovery Associates, LLC PO Box 41067 Norfolk VA 23541
---	---	--

(d)Portfolio Recovery Associates, LLC  
POB 41067  
Norfolk, VA 23541

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)HSEC Consumer Lending Mortgage Services, I	(u)Ohio Department of Taxation	(u)Santander Consumer USA, Inc
---	--------------------------------	--------------------------------

(d)National Capital Management, LLC. 8245 Tournament Drive Suite 230 Memphis, TN 38125-1741	End of Label Matrix Mailable recipients 66 Bypassed recipients 4 Total 70
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